Case 22-11421-JKS Doc 46 Filed 10/29/24 Entered 10/29/24 13:26:03 Desc Main Document Page 1 of 7

Fill in this information to identify your case:					
George L Franic					
First Name	Middle Name	Last Name			
Dian Susan Frani	С				
First Name	Middle Name	Last Name			
Bankruptcy Court for the:	NEW JERSEY				
22-11421					
	George L Franic First Name Dian Susan Frani First Name Bankruptcy Court for the:	George L Franic First Name Middle Name Dian Susan Franic First Name Middle Name Bankruptcy Court for the: NEW JERSEY	George L Franic First Name Middle Name Last Name Dian Susan Franic First Name Middle Name Last Name Bankruptcy Court for the: NEW JERSEY		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
			ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	300,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	12,225.05
	1c. Copy line 63, Total of all property on Schedule A/B	\$	312,225.05
^o ar	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	176,644.38
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	56,535.90
	Your total liabilities	\$	233,180.28
Par	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,583.52
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,347.50
Par	t 4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	<i>box</i> and s	ubmit this form to

the court with your other schedules.

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George L Franic Dian Susan Franic	Case number (if known) 22-11421	

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

394.52

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this informa	ation to identify your case:	
Debtor 1	George L Franic	
Debtor 2 (Spouse, if filing)	Dian Susan Franic	
United States Ba	ankruptcy Court for the: NEW JERSEY	
Case number (If known)	22-11421	Check if this is: ■ An amended filing □ A supplement showing postpetition chapter
Official Fo	orm 106I	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	□ Not employed	☐ Not employed
	employers.	Occupation	Retired	Retired
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed the	here?	

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

		TOT DEBIGN T		ng spouse
2.	\$	0.00	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	0.00	\$	0.00

For Debtor 1 For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

Debt Debt		George L Franic Dian Susan Franic		Ca	se number (<i>if known</i>) _2	2-11421		
	Con	y line 4 here	4.	F	or Debtor 1		For Debtor	spouse	
	ООР	y line 4 nere	٦.	Ψ	0.00	_	Ψ	0.00	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	_	\$	0.00	_
	5b.	Mandatory contributions for retirement plans	5b.	\$ \$	0.00	_	\$ \$	0.00	_
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	Ф \$	0.00	_	\$	0.00	_
	5e.	Insurance	5e.	\$	0.00	_	\$	0.00	_
	5f.	Domestic support obligations	5f.	\$	0.00)	\$	0.00	_
	5g.	Union dues	5g.	\$	0.00	_	\$	0.00	_
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+	\$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	<u> </u>	\$	0.00	_
7.	Calc	rulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00)	\$	0.00	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	0.00		\$	0.00	_
	8b.	Interest and dividends	8b.	\$	0.00)	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00)	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	_	\$	0.00	_
	8e.	Social Security	8e.	\$	2,140.00)	\$ 2	,049.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00)	\$	0.00	_
	8g.	Pension or retirement income	8g.	\$	0.00	_	\$	0.00	_
	8h.	Other monthly income. Specify: Pension 1	_ 8h.+ _	· \$ \$	281.20		\$	0.00	_
		Pension 2	-	Φ	113.32	<u>.</u> 	\$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,534.52	2	\$	2,049.0	0
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		2,534.52 +	\$	2,049.00	= \$	4,583.52
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L						
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen					e J. 	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest is that amount on the Summary of Schedules and Statistical Summary of Certain ies						\$	4,583.52
13.	Do y	ou expect an increase or decrease within the year after you file this form?	?					Combi month	ned y income
		No.							
		Yes. Explain: Debtor will seek assistance from family if addition unsecured creditor body.	nal m	on	ey is needed t	o pa	y higher o	dividen	a to

Official Form 106l Schedule I: Your Income page 2

Fill	in this info	rmation to identify ye	our case:			1		
	otor 1					Chas	de if this is	
Der	OLOT 1	George L Fr	anic				k if this is: An amended filing	
Deb	otor 2	Dian Susan	Franic			_	•	wing postpetition chapter
	ouse, if filing		Tanic				13 expenses as of	
Unit	ted States B	ankruptcy Court for the	e: NEW J	ERSEY		-	MM / DD / YYYY	
Cas	se number	22-11421						
(If k	nown)							
0	fficial	Form 106J				•		
		ile J: Your	Exner	1808				12/1
Be info	as complormation.	ete and accurate as	s possible eded, atta	. If two married people ar ch another sheet to this				or supplying correct
Par		escribe Your House	ehold					
1.	_	joint case?						
		So to line 2. Does Debtor 2 live	in a conar	ata hausahald?				
	_	<u></u>	iii a Sepai	ate nousenoid?				
	_	■ No □ Yes. Debtor 2 mu	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debt	tor 2.	
2.	Do vou	have dependents?	■ No					
	-	st Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
				•				□ No
	Do not si depende	iate trie ints names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do your	expenses include		No			=	□ res
	expense	es of people other t	han 🗆	Yes				
	yourself	and your depende	ents?	103				
		stimate Your Ongoi						
exp		of a date after the		uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
(Of	ficial Forn	n 106l.)					Your exp	enses
4.	The rent	tal or home owners	ship expen ne ground o	ses for your residence. In	nclude first mortgag	e 4. \$	i	1,300.00
	If not in	cluded in line 4:						
	4a. Re	eal estate taxes				4a. \$		340.00
	4b. Pr	operty, homeowner'	s, or renter	's insurance		4b. \$		60.50
		ome maintenance, re	•			4c. \$		300.00
5.		omeowner's associa		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
J.	Additiol	mortgage payiii	cinco ioi ye	on residence, such as 110	mo oquity idalis	υ. φ		0.00

tor 1 George L Franic Dian Susan Franic	Case number (if I	known) 22-11421
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	225.00
6b. Water, sewer, garbage collection	6b. \$	67.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	285.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	500.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	100.00
Personal care products and services	10. \$	100.00
Medical and dental expenses	11. \$	300.00
Transportation. Include gas, maintenance, bus or train fare.		202.00
Do not include car payments.	12. \$	300.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
Charitable contributions and religious donations	14. \$	0.00
Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.	1E- C	
15a. Life insurance	15a. \$ _	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	270.00
15d. Other insurance. Specify:	15d. \$ _	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00
Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17a. \$	
· ·	176. \$ _	0.00
17c. Other. Specify:	170. \$ _	0.00
Your payments of alimony, maintenance, and support that you did not report as		0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Sch		come.
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: Personal Grooming and Miscellaneous Expenses	21. +\$	200.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ -	4,347.50
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,347.50
Calculate your monthly not income		
Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,583.52
23b. Copy your monthly expenses from line 22c above.	23a. ¬ 23b\$	
Zob. Gopy your monthly expenses from lifte 226 above.	∠ου. - φ	4,347.50
23c. Subtract your monthly expenses from your monthly income.	23c. \$	236.02
The result is your monthly net income.	200.	
Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? No.		

■ No.	
-------	--

☐ Yes.

Explain here: Debtor has had substantial medical issues and all medical costs have increased since the filing of the bankruptcy case.

Fill in this information to identify your case:						
Debtor 1	George L Franic					
	First Name	Middle Name	Last Name			
Debtor 2	Dian Susan Frani	С				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NEW JERSEY				
Case number	22-11421					

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	OT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that they are true and correct. X /s/ George L Franic	ead the summary and schedules filed with this declaration and X _/s/ Dian Susan Franic
George L Franic	Dian Susan Franic
Signature of Debtor 1	Signature of Debtor 2